



Missouri Department of Health and Senior Services

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Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

DATE: December 2010

TO: All Child Care and Preschool Facility Administrators
All Head Start Facility Administrators
All Special Education and Early Childhood Program Administrators

FROM: Jeannie Ruth, Chief
Bureau of Immunization Assessment and Assurance

SUBJECT: Child Care Immunization Status Report

Missouri State Law, Section 210.003, RSMo, requires **all** children (including any related to the child care provider) attending public, private, parochial day care centers, preschools or nursery schools caring for 10 or more children to be adequately immunized, in the process of being immunized, or to have a parental/guardian or medical exemption card on file.

The law also requires **all** public, private, parochial day care centers, preschools or nursery schools to submit an annual summary report providing information on the immunization status of attendees.

This year the packet is available on our website at www.dhss.mo.gov/Immunizations/Requirements.html#daycare, under Daycare Facility Reporting Information. If you would like to request a packet be sent to you by mail, send an e-mail request to Lynelle.Paro@dhss.mo.gov, or call 573-751-6124 to request a survey packet.

The completed survey must be mailed to Missouri Department of Health and Senior Services, Bureau of Immunization Assessment and Assurance, PO Box 570, Jefferson City, MO 65102-0570, by **January 15, 2011**. **You are required to return the 2010-2011 Child Care Immunization Status Report even if you are not caring for 10 or more children at this time.** It is very important you keep a photocopy of this report for your records.

Failure to return the report will result in a citation for a rule violation per 19 CSR 30-61.185 and 19 CSR 30-62.192, from the Section for Child Care Regulation.

A sample letter to parents for children needing additional immunizations and a Tally Sheet are included to assist you with completing the report.

Local Primary Child Care Health Consultants or Regional Immunization Representatives (see enclosures) are available to assist you in understanding the immunization requirements or in completing the report. If you need additional information, please contact the Bureau of Immunization Assessment and Assurance at 573-751-6124 or toll free at 866-628-9891.

JR/lp

Enclosures

www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

INSTRUCTIONS FOR PREPARING THE 2010-2011 CHILD CARE IMMUNIZATION STATUS REPORT

Please Read Before Completing Report.

Fill in the mailing address information.

If 10 or more preschool age children (birth to school entry) are enrolled in your facility, please complete entire report.

If less than 10 preschool age children (birth to school entry) are enrolled, please check box and return report.

NUMBER ENROLLED: Record the number of all children, including relatives, enrolled in your facility as of today's date for **each** of the five preschool age groups. (Do **not** report children enrolled in Head Start or Early Head Start, they are reported by their Head Start agency.)

Refer to the **Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities** chart included in this packet to determine the number of immunizations required for each age group. A child who has **not** completed all appropriate immunizations may enroll or attend only if one of the following requirements is met.

- Satisfactory evidence is provided showing they have begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP recommended schedule (included in this packet). Failure to meet the next scheduled appointment constitutes noncompliance with the law and action should be taken immediately to exclude the child from the facility.
- The parent or guardian has signed and placed on file with the day care administrator a statement of exemption, which may be either a medical or a parental/guardian exemption. Copies of exemption cards are included with this packet. Parental/Guardian Immunization Exemption forms must be renewed annually.

Doses: For each age group and for each required immunization enter the following:

- The number of children fully immunized according to the rule.
- The number of children in progress to complete immunization series. (In progress means child is waiting to complete the series, but is ineligible to receive vaccine due to timeframe between doses). Immunizations In Progress form (Imm.P.14) must be on file.
- The number of children with a Medical Immunization Exemption form (Imm.P.12) on file.
- The number of children with a Parent/Guardian Immunization Exemption form (Imm.P.11) on file.
- The number of children who do not have all immunizations required for their age group, but have an immunization record.
- The number of children who do not have an immunization record.
- For **Varicella (chickenpox) only**, record the number of children in the 19 months to kindergarten entry age group who have had the varicella vaccine and the number of children with a signed statement indicating the child has had the disease. If the child has had both vaccine and disease, record only the vaccine. Do not record both.

Do not send copies of shot records. Do not use tic marks. We have enclosed a tally sheet as a tool that may be useful in preparing this report.

Print the name and title of the person completing the report and the date. **This Child Care Immunization Status Report must be appropriately completed and returned by January 15, 2011 to:**

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
PO Box 570
Jefferson City, MO 65102-0570

Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities as of July 1, 2010

Young children are more susceptible to serious complications associated with certain diseases and have different immunization requirements than older children.

The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age); so public, private, parochial day care centers, preschools or nursery school attendees may receive immunizations up to 4 days before they are due.

Vaccines should be administered according to the current ACIP Schedule. The ACIP Recommended Immunization Schedule for Persons Aged 0-6 Years is available at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>. **Please note** - Although not required for attending child care or preschool facilities, the ACIP recommends all children be appropriately immunized with rotavirus, influenza, and hepatitis A vaccine.

The following table indicates immunizations required for children enrolled in or attending child care and preschool facilities in Missouri. This table is for use in completing the child care immunization survey, and is **NOT** a recommended schedule. It should only be used to determine whether a child is in compliance with Missouri child care regulations.

Vaccines Required for Child Care and Preschool Attendance	DOSES REQUIRED BY THE TIME THE CHILD IS			
	3 Months	5 Months	7 Months	19 Months and older
DTaP/DT	1	2	3	4+
PCV* (Pneumococcal)	1	2	3	4
IPV (Polio)	1	2	2	3+
Hepatitis B	2	2	2 or 3+	3+
Hib**	1	1+	2+	3+
MMR				1
Varicella				1

*PCV - The number of doses a child needs to complete the series depends on the age the child begins the series.

1st dose given	Number of doses needed
7-11 months	3
12-23 months	2
24-59 months	1

**Hib - The number of doses a child needs to complete the series depends on the age the child begins the series.

1st dose given	Number of doses needed
7-11 months	3 (2 doses at 8 weeks intervals with a booster dose at 15 months)
12-23 months	2 (1 dose then a booster dose 2 months later)
24-59 months	1

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote ³	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus ⁶			IPV	IPV		IPV						IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR		see footnote ⁸			MMR
Varicella ⁹							Varicella		see footnote ⁹			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ³		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks	4 weeks ⁴		
		if first dose administered at younger than age 12 months	if current age is younger than 12 months		
		8 weeks (as final dose)	8 weeks (as final dose) ⁴	8 weeks (as final dose)	
		if first dose administered at age 12–14 months	if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months	This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
		No further doses needed	No further doses needed		
		if first dose administered at age 15 months or older	if previous dose administered at age 15 months or older		
Pneumococcal ⁵	6 wks	4 weeks	4 weeks	8 weeks (as final dose)	
		if first dose administered at younger than age 12 months	if current age is younger than 12 months	This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
		8 weeks (as final dose for healthy children)	8 weeks		
		if first dose administered at age 12 months or older or current age 24 through 59 months	(as final dose for healthy children)		
		No further doses needed	No further doses needed		
		for healthy children if first dose administered at age 24 months or older	for healthy children if previous dose administered at age 24 months or older		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs		Routine dosing intervals are recommended ¹¹		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
		if person is younger than age 13 years			
		4 weeks			
		if person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

Vaccine Identification

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS		
Diphtheria, Tetanus, Acellular Pertussis	Acel-Imune Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B) Certiva DTaP Tripedia		
Diphtheria and Tetanus	DT		
Tetanus	Decavac	TT (Tetanus Toxoid)	Td
Tetanus, Diphtheria Acellular Pertussis	Tdap	Adacel	Boostrix
Haemophilus Influenzae type b (Hib)	ActHIB Hboc H-FLU HibTITER PedvaxHIB ProHIBit PRP-T Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTap/Hib) Pentacel (Combined with DTaP and IPV) HbCV HbPV Hib OmniHIB Pro-D PRP-OMP Hiberix		
Hepatitis A	HAV Hep A	Havrix Twinrix (Combined with Hep B)	VAQTA
Hepatitis B	Engerix-B Hep B Recombivax-HB Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A) HBV Heptavax		
HepA/HepB	Twinrix (Hep A and Hep B combined)		
Human Papilloma Virus	HPV	Gardasil	Cervarix

Vaccine Identification

Influenza	Flu Flumist Fluzone TIV	Fluarix Fluvirin LAIV Afluria	FluLaval Agriflu
Measles, Mumps, Rubella	MMR MMRV (Measles, Mumps, Rubella combined with Varicella) ProQuad (Measles, Mumps, Rubella combined with Varicella)		
Measles, Mumps, Rubella, Varicella	MMRV ProQuad		
Measles	Attenuvax		
Mumps	Mumpsvax		
Rubella	Meruvax II		
Meningococcal	MCV4 Menomune MPSV	Menactra Men Vaccine Menveo	
Pneumococcal	PCV-7 (Prevnar) PCV-13 (Prevnar) PNE (Pneumo) Pneumovax 23	Pneumococcal Conjugate Pnu-Immune-23 PPV-23 PPSV	
Polio	eIPV IPV Ipol Pediarix (Combined with DTaP and Hep B) Pentacel (Combined with DTaP and Hib) Kinrix (Combined with DTaP)		
Rotavirus	RotaTeq RV	Rotashield Rotarix	
Varicella (Chickenpox)	VAR MMRV (Varicella combined with Measles, Mumps, Rubella) ProQuad (Varicella combined with Measles, Mumps, Rubella)		
Zoster	Zostavax		

Missouri Department of Health and Senior Services

Immunization Quality Improvement Staff

Regions Effective 1/1/2011

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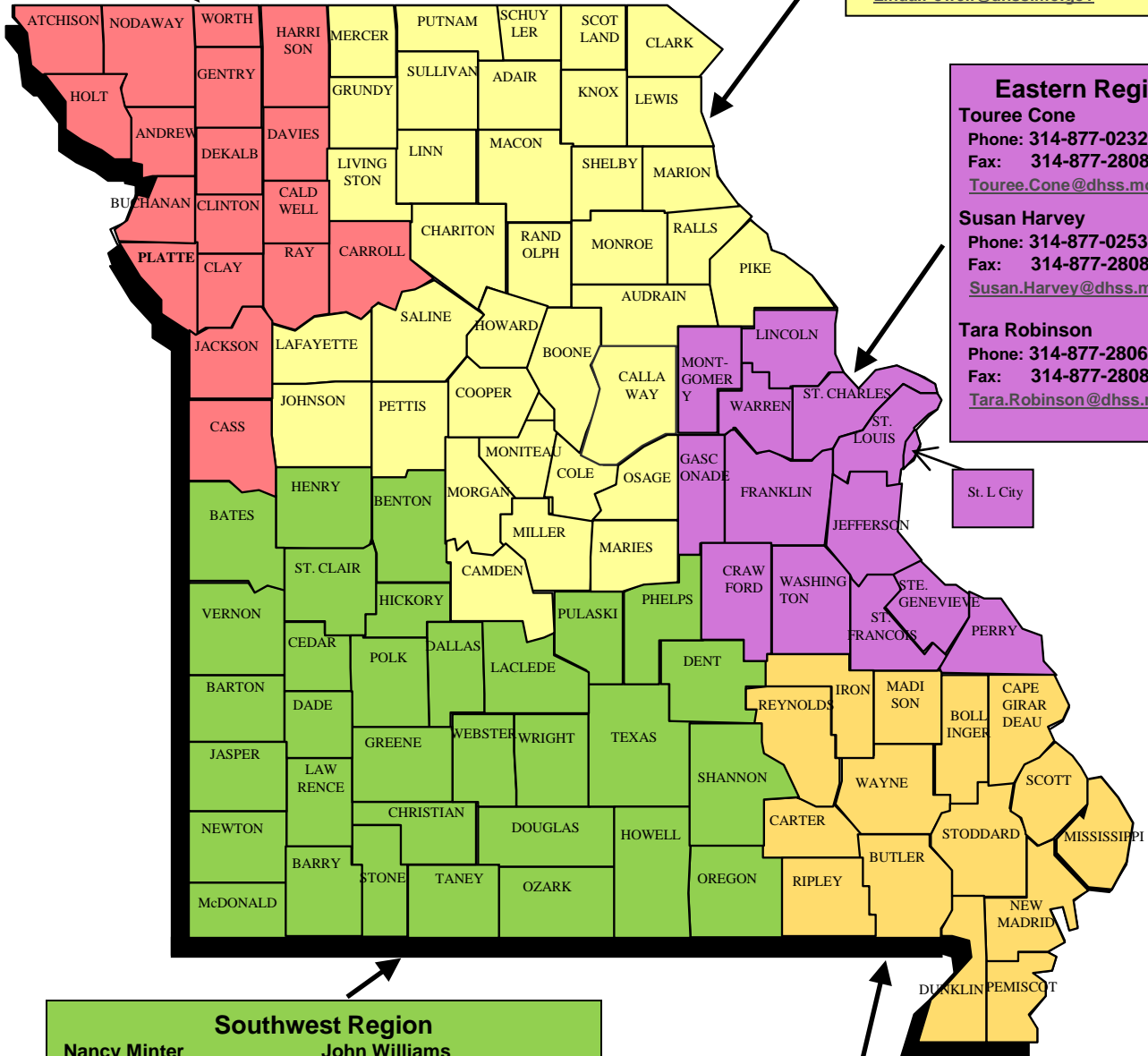
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PRIMARY CHILD CARE HEALTH CONSULTANTS FOR FFY 2011

AGENCY NAME	ADDRESS	CITY	ZIP	PHONE	PRIMARY NURSE (RN)	E-MAIL
ADAIR COUNTY HEALTH DEPARTMENT	1001 SOUTH JAMISON STREET	KIRKSVILLE	63501	660-665-8491	CORA ELROD	ElrodC@lpha.mopublic.org
ANDREW COUNTY HEALTH DEPARTMENT	106 N. 5 TH STREET, PO BOX 271	SAVANNAH	64485	816-324-3139	MARNIE JOHNSON	johnsm3@lpha.mopublic.org
ATCHISON COUNTY – CONTACT NODAWAY COUNTY HEALTH DEPARTMENT	515 N MAIN	MARYVILLE	64468	660-562-2755	TABITHA FRANK	FrankT2@lpha.mopublic.org
AUDRAIN COUNTY	NO CONTRACTED SERVICES IN 2011					
BARRY COUNTY – CONTACT LAWRENCE COUNTY HEALTH DEPARTMENT	105 W NORTH ST	MT VERNON	65712	417-466-2201	JANELLA SPENCER	spencj@lpha.mopublic.org
BARTON COUNTY HEALTH DEPARTMENT	1301 EAST 12TH ST	LAMAR	64759	417-682-3363	KIM GOWIN (from Vernon Co.)	gowink@lpha.mopublic.org
BATES COUNTY HEALTH CENTER	501 N ORANGE P O BOX 208	BUTLER	64730	660-679-6108	MELISSA "MISSY" PATTON RUTH BARNES	patton1@lpha.mopublic.org barner@lpha.mopublic.org
BENTON COUNTY HEALTH DEPARTMENT	P.O. BOX 935, 1238 COMMERCIAL	WARSAW	65355	660-438-2876 EXT. 237	JO HEIMSOTH CATHY CHANCE (LPN)	heimsj@lpha.mopublic.org chancc@lpha.mopublic.org
BOLLINGER COUNTY HEALTH DEPARTMENT	107 HWY 51 NORTH, PO BOX 409	MARBLE HILL	63764	573-238-2817	SANDY CHANEY	chanes@lpha.mopublic.org
BUTLER COUNTY HEALTH DEPARTMENT	1619 NORTH MAIN STREET	POPLAR BLUFF	63901	573-785-8478	DONNA PINNER SARAH JANE FAUGHN	pinned@lpha.mopublic.org faughs@lpha.mopublic.org
CALDWELL COUNTY HEALTH DEPARTMENT	PO BOX 66, 225 W. MAIN	KINGSTON	64650	816-586-2311	SHELLEY REED	reeds2@lpha.mopublic.org
CALLAWAY COUNTY	NO CONTRACTED SERVICES IN 2011					
CAMDEN COUNTY HEALTH DEPARTMENT	1976 N. Hwy 5	CAMDENTON	65020	573-346-5479	BEE DAMPIER (EXT 204) KATIE PLUTH (EXT 214)	dampit@lpha.mopublic.org katiepluth@hotmail.com
CAPE GIRARDEAU COUNTY HEALTH CENTER	PO BOX 1839 1121 LINDEN STREET	CAPE GIRARDEAU	63702	573-335-7846	AMY SMITH	smitha9@lpha.mopublic.org
CARROLL COUNTY HEALTH DEPARTMENT	5 NORTH ELY STREET	CARROLLTON	64633	660-542-3247	MEGAN CREED NANCY SANDERS, LPN	creedm@lpha.mopublic.org sanden@lpha.mopublic.org
CARTER COUNTY HEALTH DEPARTMENT	1611 HEALTH CENTER ROAD PO BOX 70	VAN BUREN	63965	573-323-4413 EXT 2	DAKOTA TURLEY	turled@lpha.mopublic.org
CASS COUNTY HEALTH DEPARTMENT	300 S MAIN	HARRISONVILLE	64701	816-380-8431	MARY GUTIERREZ	mgutz46@hotmail.com
CEDAR COUNTY HEALTH DEPARTMENT	CEDER CNTY MEMORIAL HOSP 1401 S. PARK STREET	EL DORADO SPRINGS	64744	417- 876-5477(J) 276-6416(D)	JENEAN EHLERS DEBRA HILLSMAN	ehlerj@lpha.mopublic.org hillsd@lpha.mopublic.org
CHARITON COUNTY HEALTH CENTER	206 STATE STREET	KEYTESVILLE	65261	660-288-3675	KATHY NAYLOR	naylok@lpha.mopublic.org
CHRISTIAN COUNTY – CONTACT LAWRENCE COUNTY HEALTH DEPARTMENT	105 W NORTH ST	MT VERNON	65712	417-466-2201	JANELLA SPENCER	spencj@lpha.mopublic.org
CLARK COUNTY HEALTH DEPARTMENT	PO BOX 12 670 N JOHNSON	KAHOKA	63445	660-727-2356	VALERIE BROWN	brownv1@lpha.mopublic.org
CLAY COUNTY – CONTACT PLATTE COUNTY HEALTH DEPARTMENT		PARKVILLE	64079	816-587-5998 816-858-3065	JEANETTE ADAMS SHERRIE KISKER (HE)	adamsj3@lpha.mopublic.org kiskes@lpha.mopublic.org
CLINTON COUNTY HEALTH DEPARTMENT	106 BUSH	PLATTSBURG	64477	816-539-2144	ROSE WATTS	wattsr@lpha.mopublic.org
COLE COUNTY HEALTH DEPARTMENT	1616 INDUSTRIAL DR.	JEFFERSON CITY	65109	573-636-2181 X 3106	REBECCA WEBER/ CINDA HUDSON	bweber@colecouny.org CHUDSON@colecouny.org

COUNTY	ADDRESS	CITY	ZIP	PHONE	PRIMARY NURSE (RN)	E-MAIL
COLUMBIA-BOONE COUNTY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES	1005 W. WORLEY	COLUMBIA	65203	573-817-6440	CINDY BRENGARTH	clbrennga@gocolumbiamo. com
COOPER COUNTY – CONTACT PETTIS COUNTY HEALTH DEPARTMENT	911 E 16TH	SEDALIA	65301	660-827-1130	LISA MONTGOMERY	montgl@lpha.mopublic.org
CRAWFORD COUNTY NURSING SERVICE	202 W MAIN ST.	STEELVILLE	65565	573-775-2555	LESLEY BORNE WENDY DAVILA	BournL1@lpha.mopublic.org DaviilW@lpha.mopublic.org
DADE COUNTY HEALTH DEPARTMENT	413 W. WATER ST.	GREENFIELD	65661	417-637-2345	ARDELLA LACK CHARITY BAYLESS (HE)	baylec1@lpha.mopublic.org
DALLAS COUNTY HEALTH DEPARTMENT	1011 W MAIN PO BOX 199	BUFFALO	65622	417-345-2332	DEBBIE MARTINEZ	martid@lpha.mopublic.org
DAVISS COUNTY HEALTH DEPARTMENT	609A S. MAIN STREET	GALLATIN	64640	660-663-2414	KRISTIE SMITH	Smithk3@lpha.mopublic.org
DENT COUNTY HEALTH DEPARTMENT	601 S MAC ARTHUR	SALEM	65560	573-729-3106 EXT: 224	KAREN GREENE	greenk1@lpha.mopublic.org
DOUGLAS COUNTY HEALTH DEPARTMENT	603 NW 12 TH AVE, PO BOX 940	AVA	65608	417-683-4213 417-683-4174	LAVONA STAFFORD GLENNA YOUNG	lavonas@DCHD.org glennay@DCHD.org
DUNKLIN COUNTY HEALTH DEPARTMENT	1051 JONES STREET	KENNETT	63857	573-888-9008	LINDA FULLER KIM HUGHES	fullel@lpha.mopublic.org hughek@lpha.mopublic.org
FRANKLIN COUNTY	NO CONTRACTED SERVICES IN 2011					
GASCONADE COUNTY HEALTH DEPARTMENT	300 SCHILLER ST	HERMANN	65041	573-486-3129 #103	MARY ALLERS- KOROSTYNSKI	maryakrn@yahoo.com
GRUNDY COUNTY HEALTH DEPARTMENT	1716 LINCOLN	TRENTON	64683	660-359-4196	SHERRY SEARCY	searcs@lpha.mopublic.org
HARRISON COUNTY HEALTH DEPARTMENT	P O BOX 425	BETHANY	64424	660-425-6324	CAROLYN QUEEN (PAULA RAGAN)	raganp@lpha.mopublic.org
HENRY COUNTY HEALTH DEPARTMENT	306 S. 2ND ST.	CLINTON	64735	660-885-8193 #111	AMBER BROWNSBERGER GARY FRENCH (HE)	browna7@lpha.mopublic.org frencg@lpha.mopublic.org
HICKORY COUNTY HEALTH DEPARTMENT	PO BOX 21	HERMITAGE	65668	417-745-2138	LINDA WILSON	Wiisol3@lpha.mopublic.org
HOLT COUNTY HEALTH DEPARTMENT	113 W. NODAWAY, PO BOX 438	OREGON	64473	660-446-2909	BRENDA NELSON	nelsob@lpha.mopublic.org
HOWARD COUNTY PUBLIC HEALTH DEPARTMENT	600 WEST MORRISON, SUITE 7	FAYETTE, MO	65240	660-248-3100	CONTACT SHEILA WALLACE	wallas1@lpha.mopublic.org
HOWELL COUNTY HEALTH DEPARTMENT	180 S. KENTUCKY	WEST PLAINS	65775	417-256-7078	CHERI CARDA	cardac@lpha.mopublic.org
INDEPENDENCE CITY HEALTH	515 S. LIBERTY	INDEPENDENCE	64050	816-325-7986	CINDY HORNE KRISTIN ATKINSON	chorne@indepmo.org katkinson@indepmo.org
IRON COUNTY HEALTH DEPARTMENT	606 W RUSSELL	IRONTON	63650	573-546-7121	JAMIE COLYOTT	colyoj@lpha.mopublic.org
JACKSON COUNTY HEALTH DEPARTMENT	PO BOX 930104	KANSAS CITY	64193	816-404-6443	SHARON ENGELMAN JEAN RAVEILL	sharon.engelman@tmcmcd.org jean.raveill@tmcmcd.org
JASPER COUNTY	NO CONTRACTED SERVICES IN 2011					
JEFFERSON COUNTY HEALTH DEPARTMENT	405 MAIN STREET	HILLSBORO	63050	636-789-3372 # 119	SHARON FISCHER	fischs@lpha.mopublic.org
JOHNSON COUNTY COMMUNITY HEALTH	429 BURKARTH	WARRENSBURG	64093	660-747-6121 #281	MARY TRAVER	travem@lpha.mopublic.org
JOPLIN CITY	NO CONTRACTED SERVICES IN 2011					

COUNTY	ADDRESS	CITY	ZIP	PHONE	PRIMARY NURSE (RN)	E-MAIL
KANSAS CITY – FOR AREAS IN PLATTE AND CLAY COUNTIES CONTACT PLATTE CO. HEALTH DEPT.		PARKVILLE	64079	816-587-5998 816-858-3065	JEANETTE ADAMS SHERRIE KISKER (HE)	adamsj3@lpha.mopublic.org kiskes@lpha.mopublic.org
KANSAS CITY – FOR AREAS IN JACKSON COUNTY CONTACT JACKSON COUNTY HEALTH DEPT.		INDEPENDENCE	64193	816-404-6443	SHARON ENGELMAN JEAN RAVEILL	sharon.engelman@tmcmed.org jean.raveill@tmcmed.org
KNOX COUNTY HEALTH DEPARTMENT	217 NORTH FIRST STREET	EDINA	63537	660-397-3396	JEAN KANAN	kananj@lpha.mopublic.org
LACLEDE COUNTY – CONTACT PULASKI COUNTY HEALTH DEPARTMENT	101 12 TH STREET	CROCKER	65452	573-736-2217 EXT.23	ROZANNE VINCENT	vincer@lpha.mopublic.org
LAFAYETTE COUNTY HEALTH DEPARTMENT	547 SOUTH 13 HWY	LEXINGTON	64067	660-259-4371	MARTHA MCREYNOLDS	mcreym@lpha.mopublic.org
LAWRENCE COUNTY HEALTH DEPARTMENT	105 W NORTH ST	MT VERNON	65712	417-466-2201	JANELLA SPENCER	spencj@lpha.mopublic.org
LEWIS COUNTY – CONTACT CLARK COUNTY HEALTH DEPARTMENT	PO BOX 12 670 N JOHNSON	KAHOKA	63445	660-727-2356	VALERIE BROWN	Brownv1@lpha.mopublic.org
LINCOLN COUNTY – CONTACT PIKE COUNTY HEALTH DEPARTMENT	5 EAST CHURCH STREET	BOWLING GREEN	63334	573-324-6373	GLEND A DOWELL	dowelg@lpha.mopublic.org
LINN COUNTY HEALTH DEPARTMENT	635 S MAIN, PO BOX 280	BROOKFIELD	64628	660-258-7251	KATHLEEN BURRIS	katejimb@yahoo.com
LIVINGSTON COUNTY HEALTH CENTER	800 ADAM DR., PO BOX 973	CHILLICOTHE	64601	660-646-5506	MARY TAYLOR ANITA PERRY	taylom@lpha.mopublic.org perrya@lpha.mopublic.org
MACON COUNTY HEALTH DEPARTMENT	503 N. MISSOURI STREET	MACON	63552	660-385-4711	CRYSTAL BAKER JEN GORDAN	bakerc1@lpha.mopublic.org
MADISON COUNTY HEALTH DEPARTMENT	806 W COLLEGE AVE	FREDERICK-TOWN	63645	573-783-2747	BETHA MATTINGLY	mattib@lpha.mopublic.org
MARION COUNTY HEALTH DEPARTMENT	3105 ROUTE W	HANNIBAL	63401	573-221-1166	ASHLEY HARRISON	harria3@lpha.mopublic.org
MC DONALD COUNTY HEALTH DEPARTMENT	PO BOX 366, 500 OLIN	PINEVILLE	64856	417-223-4351	JENNIFER CLARKSON	clarkj4@lpha.mopublic.org
MERCER COUNTY HEALTH DEPARTMENT	305 W. MAIN	PRINCETON	64673	660-748-3630	GINA FINNEY	finney@grm.net
MILLER COUNTY HEALTH DEPARTMENT	2125 HIGHWAY 52, PO BOX 2	TUSCUMBIA	65082	573-369-2359	SARA GORMAN	gormas@lpha.mopublic.org
MISSISSIPPI COUNTY HEALTH DEPARTMENT	1200 EAST MARSHALL	CHARLESTON	63834	573-683-2191	DEIDRE BETHUNE	bethud@lpha.mopublic.org
MONITEAU COUNTY HEALTH CENTER	401 SOUTH FRANCIS	CALIFORNIA	65018	573-796-3412	CAROL HODGES	hodgac1@lpha.mopublic.org
MONROE COUNTY HEALTH DEPARTMENT	310 N MARKET	PARIS	65275	660-327-4653	STEPHANIE MCCARTY LINDA WILKERSON	mccars@lpha.mopublic.org wilkel@lpha.mopublic.org
MONTGOMERY COUNTY HEALTH DEPARTMENT	400 SALISBURY	MONTGOMERY CITY	63361	573-564-2495	KATHIE HOETTE	HoettK@lpha.mopublic.org
MORGAN COUNTY – CONTACT PETTIS COUNTY HEALTH DEPARTMENT	911 E 16TH	SEDALIA	65301	660-827-1130	LISA MONTGOMERY	montgl@lpha.mopublic.org
NEW MADRID COUNTY - CONTACT DUNKLIN COUNTY HEALTH DEPARTMENT	1051 JONES STREET	KENNETT	63857	573-888-9008	LINDA FULLER KIM HUGHES	fullel@lpha.mopublic.org hughek@lpha.mopublic.org
NEWTON COUNTY HEALTH DEPARTMENT	812 W HARMONY	NEOSHO	64850	417-451-3743	BARBARA SHORT	shortb1@lpha.mopublic.org
NODAWAY COUNTY HEALTH DEPARTMENT	515 N MAIN	MARYVILLE	64468	660-562-2755	TABITHA FRANK	FrankT2@lpha.mopublic.org

COUNTY	ADDRESS	CITY	ZIP	PHONE	PRIMARY NURSE (RN)	E-MAIL
OSAGE COUNTY	205 E. MAIN ST. PO BOX 573	LINN	65051	573-897-2139 EXT. 313	APRIL SCHUBERT, RN, ADM.	SchubA2@lpha.mopublic.org
OREGON COUNTY HEALTH DEPARTMENT	P O BOX 189, 108 S. MAIN	ALTON	65606	417-778-7450	SUSAN ARASMITH	arasms@lpha.mopublic.org
OZARK COUNTY HEALTH DEPARTMENT	PO BOX 180, 304 3 RD ST.	GAINESVILLE	65655	417-679-3334	BONNIE PETER	peterb2@lpha.mopublic.org
PEMISCOT COUNTY – CONTACT DUNKLIN COUNTY HEALTH DEPARTMENT	1051 JONES STREET	KENNETT	63857	573-888-9008	LINDA FULLER KIM HUGHES	fullel@lpha.mopublic.org hughek@lpha.mopublic.org
PERRY COUNTY HEALTH DEPARTMENT	406 N. SPRING STE. 1	PERRYVILLE	63775	573-547-6564	CHERYL HAYDEN	haydec@lpha.mopublic.org
PETTIS COUNTY HEALTH DEPARTMENT	911 E 16TH	SEDALIA	65301	660-827-1130	LISA MONTGOMERY	montgl@lpha.mopublic.org
PHELPS/ MARIES COUNTY HEALTH DEPARTMENT	200 NORTH MAIN, STE G-51	ROLLA	65401	573-458-6033	DEBBIE RHODES	rhoded@lpha.mopublic.org
PIKE COUNTY HEALTH DEPARTMENT	5 EAST CHURCH STREET	BOWLING GREEN	63334	573-324-6373	GLENDA DOWELL	dowelg@lpha.mopublic.org
PLATTE COUNTY HEALTH DEPARTMENT	1201 EAST STREET	PARKVILLE	64152	816-587-5998 EXT. 322	JEANETTE ADAMS SHERRIE KISKER (HE)	adamsj3@lpha.mopublic.org kiskes@lpha.mopublic.org
POLK COUNTY HEALTH DEPARTMENT	1317 W. BROADWAY, PO BOX 124	BOLIVAR	65613	417-326-7250	DIANE PAULSON	paulsd@lpha.mopublic.org
PULASKI COUNTY HEALTH DEPARTMENT	101 12 TH STREET	CROCKER	65452	573-736-2217 EXT.23	ROZANNE VINCENT	vincer@lpha.mopublic.org
PUTNAM COUNTY HEALTH DEPARTMENT	103 N. 18TH PO BOX 354	UNIONVILLE	63565	660-947-2429	JEANIE JOHNSON	johnsj1@lpha.mopublic.org
RALLS COUNTY HEALTH DEPARTMENT	405 W FIRST ST.	NEW LONDON	63459	573-985-7121	NYLA EVANS	evansn@lpha.mopublic.org
RANDOLPH COUNTY HEALTH DEPARTMENT	423 E LOGAN, PO BOX 488	MOBERLY	65270	660-263-6643 EXT: 3008	MARLENE CALLAHAN KARLA VOSS (HE)	callam@lpha.mopublic.org vossk@lpha.mopublic.org
RAY COUNTY HEALTH DEPARTMENT	820 E. LEXINGTON	RICHMOND	64085	816-776-5413	STACEY COX	coxs@lpha.mopublic.org
REYNOLDS COUNTY HEALTH DEPARTMENT	PO BOX 40	CENTERVILLE	63633	573-648-2498 EXT: 19	PAMELA AIELLO	aiellp@lpha.mopublic.org
RIPLEY COUNTY HEALTH DEPARTMENT	1003 E LOCUST ST	DONIPHAN	63935	573-996-2181	ROXANNE LEROUX JANICE MORROW	lerour@lpha.mopublic.org MorroJ1@lpha.mopublic.org
SALINE COUNTY HEALTH DEPARTMENT	1825 S. ATCHISON	MARSHALL	65340	660-886-3434	LESLIE POINTER	pointl@lpha.mopublic.org
SCHUYLER COUNTY HEALTH DEPARTMENT	PO BOX 387, 275 S. GREEN	LANCASTER	63548	660-457-3721	SARAH "JEANIE" SCHMITTER	schmis@lpha.mopublic.org
SCOTLAND COUNTY HEALTH DEPARTMENT	RR 1, BOX 55-A	MEMPHIS	63555	660-465-7275	LAURIE JACK	jackl@lpha.mopublic.org
SCOTT COUNTY	NO CONTRACTED SERVICES IN 2011					
SHANNON COUNTY HEALTH DEPARTMENT	110 GREY JONES DRIVE PO BOX 788	EMINENCE	65466	573-226-3914	JAIME HAMPTON KANDRA COUNTS	hamptJ@lpha.mopublic.org CountK@lpha.mopublic.org
SHELBY COUNTY HEALTH DEPARTMENT	700 E MAIN	SHELBYVILLE	63469	573-633-2353	LEISA WEAR	wearL@lpha.mopublic.org
SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT	227 E CHESTNUT EXPRESSWAY	SPRINGFIELD	65802	417-864-1676	NANCY HOEMAN	nhoeman@springfieldmo.gov
ST CHARLES COUNTY HEALTH DEPARTMENT	1650 BOONESLICK	ST CHARLES	63301	636-949-7407 EXT: 6220	MOLLY ROLLINS	MROLLINS@SCCMO.ORG

<u>COUNTY</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE</u>	<u>PRIMARY NURSE (RN)</u>	<u>E-MAIL</u>
ST CLAIR COUNTY – CONTACT HENRY COUNTY HEALTH DEPARTMENT	306 S. 2ND ST.	CLINTON	64735	660-885-8193 #111	AMBER BROWNSBERGER GARY FRENCH (HE)	browna7@lpha.mopublic.org frencg@lpha.mopublic.org
STE GENEVIEVE COUNTY HEALTH	115 BASLES DR., PO BOX 49	STE GENEVIEVE	63670	573-883-7411	MARY ROTH	rothm@lpha.mopublic.org
ST FRANCOIS COUNTY HEALTH DEPARTMENT	1025 W MAIN PO BOX 367	PARK HILLS	63601	573-431-1947 EXT: 142	LINDA RAGSDALE	ragmdl@lpha.mopublic.org
ST JOSEPH-BUCHANAN COUNTY HEALTH DEPARTMENT	904 S 10TH	ST JOSEPH	64503	816-271-4725	APRIL EDWARDS	aedwards@ci.st-joseph.mo. us
ST LOUIS CITY DEPARTMENT OF HEALTH	1520 MARKET STREET	ST LOUIS	63103	314-657-1445	MARY HAWKINS	hawkinsm@stlouiscity.com
ST LOUIS COUNTY HEALTH DEPARTMENT	6065 HELEN AVENUE	BERKELEY	63134	314-522-6410 EXT 6305	LISA ELDERT GENA TRAVER	eeldert@stlouisco.com
STODDARD COUNTY HEALTH DEPARTMENT	1001 N HWY 25, P O BOX 277	BLOOMFIELD	63825	573-568-4593	SUSAN "LYNN" AVERETT	averes@lpha.mopublic.
STONE COUNTY HEALTH DEPARTMENT	NO CONTRACTED SERVICES IN 2011					
SULLIVAN COUNTY – CONTACT MERCER COUNTY HEALTH DEPARTMENT	305 W. MAIN	PRINCETON	64673	660-748-3630	GINA FINNEY	finney@grm.net
TANEY COUNTY HEALTH DEPARTMENT	NO CONTRACTED SERVICES IN 2011					
TEXAS COUNTY HEALTH DEPARTMENT	950 N HWY 63, SUITE 500	HOUSTON	65483	417-967-4131	ANGEL WELLS	wellsa@lpha.mopublic.org
TRI- COUNTY HEALTH DEPARTMENT	302 N PARK	STANBERRY	64489	660-783-2707	JOYCE BOTTORFF	bottoj@lpha.mopublic.org
VERNON COUNTY HEALTH DEPARTMENT	301 N. WASHINGTON	NEVADA	64772	417-667-7418	KIM GOWIN	gowink@lpha.mopublic.org
WARREN COUNTY HEALTH DEPARTMENT	NO CONTRACTED SERVICES IN 2011					
WASHINGTON COUNTY HEALTH DEPARTMENT	520 PURCELL DRIVE	POTOSI	63664	573-438-2164	CARA SIMS	SimsC1@lpha.mopublic.org
WAYNE COUNTY HEALTH DEPARTMENT	115 HICKORY	GREENVILLE	63944	573-224-3218	CRYSTAL EPLEY	epleyc@lpha.mopublic.org
WEBSTER COUNTY HEALTH UNIT	233 E WASHINGTON	MARSHFIELD	65706	417-859-2532 EXT 206	ERIKA FIELDS	fielde@lpha.mopublic.org
WRIGHT COUNTY HEALTH DEPARTMENT	300 S. MAIN ST, SUITE C, PO BOX 97	HARTVILLE	65667	417-926-0009 Ext. 4	STEPHANIE WHITE- ROBERTSON	whites@lpha.mopublic.org

rev 11-23-10



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR DISEASE CONTROL AND
ENVIRONMENTAL EPIDEMIOLOGY

IMMUNIZATIONS IN PROGRESS

FOR PHYSICIANS AND
PUBLIC HEALTH NURSES ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)	
	received the following immunization(s) on _____ as required by State Immunization Laws MONTH/DAY/YEAR	
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> TETANUS <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO <input type="checkbox"/> Hib <input type="checkbox"/> VARICELLA <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> RUBELLA <input type="checkbox"/> Hepatitis B <input type="checkbox"/> PNEUMOCOCCAL		
and is scheduled to return on _____ for the following immunization(s) MONTH/DAY/YEAR		
NOTE: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Department's Immunization Schedule.		
PHYSICIAN NAME (PRINT OR TYPE)		PHYSICIAN SIGNATURE
PUBLIC HEALTH NURSE	DATE	CITY OR COUNTY OF ASSIGNMENT

MO 580-0828 (6-08)

IMMP 14



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR COMMUNICABLE DISEASE PREVENTION

PARENT/GUARDIAN IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 210.003, RSMo) FOR PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF		
NAME OF CHILD (PRINT OR TYPE)		
DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):		
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella		
1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.		
2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.		
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE

MO 580-0959 (6-03)

Imm.P.11



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF VACCINE-PREVENTABLE AND

TUBERCULOSIS DISEASE ELIMINATION

MEDICAL IMMUNIZATION EXEMPTION

FOR DOCTORS OF MEDICINE OR
DOCTORS OF OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF PATIENT (PRINT OR TYPE)	
	SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:	
<input type="checkbox"/> The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.) <input type="checkbox"/> In my medical judgment, the immunization(s) checked would endanger the child's health or life.		
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Other <input type="checkbox"/> Varicella		
1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.		
2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.		
PHYSICIAN NAME (PRINT OR TYPE)		PHYSICIAN REGISTRATION NO.
SIGNATURE OF PHYSICIAN		DATE

MO 580-0807 (1-02)

Imm.P.12

CHILD'S NAME (LAST, FIRST, MI)					DATE OF BIRTH	
DOSE	DATES GIVEN					
	1	2	3	4	5	6
DTaP						
DT						
Hib						
Polio						
Hepatitis B						
MMR						
Varicella						
Tdap						
Td						
Pneumococcal						
Hepatitis A						
Influenza						
Meningococcal						
Rotavirus						
HPV						
Other						
NAME OF PHYSICIAN OR RECOGNIZED HEALTH FACILITY (PLEASE PRINT OR TYPE):						

MO 580-0818 (7-10)

Imm.P.16

DATE	SPECIAL NOTES
IF AN ADVERSE REACTION IS OBSERVED, PLEASE REPORT TO CDC THROUGH VAERS ONLINE: https://vaers.hhs.gov	

MO 580-0818 (7-10)

Imm.P.16

Dear Parent/Guardian:

Missouri State Law, Section 210.003, RSMo, requires **all** children attending public, private, parochial day care centers, preschools or nursery schools be adequately immunized, in the process of being immunized or have a written exemption on file for the following diseases:

- Hepatitis B (HB)
- Diphtheria/Tetanus/Pertussis (DTaP/DT)
- Polio (IPV or OPV)
- *Haemophilus Influenzae* type b (Hib)
- Pneumococcal (PCV)
- Measles/Mumps/Rubella (MMR)
- Varicella (VZV - Chickenpox), or written proof of disease

According to our records, your child _____
needs the following immunization(s) in order to meet State law requirements:

Check the Needed Immunizations	DATES GIVEN			
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4
<input type="checkbox"/> Hepatitis B (HB)				
<input type="checkbox"/> DTaP/DT				
<input type="checkbox"/> Polio				
<input type="checkbox"/> Hib				
<input type="checkbox"/> PCV				
<input type="checkbox"/> MMR				
<input type="checkbox"/> Varicella (Chickenpox) or a signed statement by doctor of medicine (MD) or doctor of osteopathy (DO)				

**IMMUNIZATION REQUIREMENTS FOR CHILDREN
ENROLLED IN CHILD CARE FACILITIES**

AGE

NUMBER OF DOSES

0 thru 2 months of age 1 Hepatitis B
3 thru 4 months of age 2 Hepatitis B, 1 DTaP/DT, 1 Polio, 1 Hib, 1 PCV
5 thru 6 months of age 2 Hepatitis B, 2 DTaP/DT, 2 Polio, 1+ Hib, 2 PCV
7 thru 18 months of age 2 or 3+ Hepatitis B, 3 DTaP/DT, 2 Polio, 2+ Hib, 3 PCV
19 months to kindergarten entry 3+ Hepatitis B, 4+ DTaP/DT, 3+ Polio, 3+Hib, 4 PCV, 1 MMR, 1 Varicella (Chickenpox)

If your child has already received the immunization(s) indicated above, please provide a copy of their official immunization record. Your child must have proof of the required immunization(s); otherwise, by law, your child may not attend this facility.

Sincerely,

TALLY SHEET

[illegible]

then ...

- *your child will be left
at risk of catching
the disease*
- *your child will be a
threat to others*
- *your child at times
must be kept out of
school or child care*

- **Without immunizations
your child may have to be
excluded at times from
school or child care.**

During disease outbreaks, unimmunized children may be excluded from school or child care until the outbreak is over, both for their own protection and for the protection of others. This causes hardship for the child and parent.

what to do . . .

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

For more information about vaccines, go to:

- Immunization Action Coalition: www.vaccineinformation.org and www.immunize.org
- Centers for Disease Control and Prevention: www.cdc.gov/nip
CDC-INFO Contact Center: (800) 232-4636
- American Academy of Pediatrics: www.cspimmunize.org
- National Network for Immunization Information: www.immunizationinfo.org
- Vaccine Education Center: www.vaccine.chop.edu

Immunization Action Coalition

1573 Selby Avenue, Suite 234
Saint Paul, MN 55104
phone: (651) 647-9009
fax: (651) 647-9131
www.immunize.org
www.vaccineinformation.org

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www.immunize.org/catg.d/p4017.pdf • Item #P4017 (3/06)

what if you don't immunize your child ?

What if . . .

What if you don't immunize

your child? While most state

laws provide for religious

or personal exemptions to

required immunizations,

concerned parents should still

consider the consequences of

not immunizing their children.



● Without immunizations your child is at greater risk of catching one of the vaccine-preventable diseases.

Vaccines were developed to protect individuals from dangerous and sometimes deadly diseases. Vaccines are safe and effective, and such diseases are still a threat.

- Pertussis or “whooping cough” is an extremely dangerous disease for infants. It is not easily treated and can result in permanent brain damage or death. During 1997–2000, nearly 30,000 cases of pertussis were reported in the United States, including 62 pertussis-related deaths. Of infected infants younger than age 6 months, two-thirds needed to be hospitalized. In 2004, 25,827 cases were reported—the most cases reported since 1959.
- Measles is dangerous and very contagious. During the 1989–1991 U.S. measles epidemic, approximately 55,000 cases and 132 deaths (mostly children) were reported. Worldwide, measles kills approximately 500,000 children each year.
- Diphtheria is an infectious disease of the nose and throat that can lead to serious breathing problems, heart failure, paralysis, and even death. In recent years, there have been few cases of diphtheria in the United States. However, a diphtheria epidemic recently occurred in countries of the former

Soviet Union, where many children and adults had not been immunized. Their reported cases of diphtheria rose from 839 in 1989 to 47,802 in 1994, when 1,746 persons died. At least 20 infected individuals exported the disease along the way.

- Before the availability of a chickenpox vaccine, almost every child suffered from this disease. During 1988–1995, up to 10,000 people were hospitalized each year from complications of chickenpox—most of them previously healthy children. An average of 43 children died from chickenpox each year during 1990–1994.
- During the 2003–04 influenza season, 40 states reported 152 influenza-related deaths among children younger than 18.

● Without immunizations your child can infect others.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community.

- Unvaccinated people can pass diseases on to babies who are too young to be fully immunized.
- Unvaccinated people pose a threat to children and adults who can't be immunized for medical reasons. This includes people with leukemia and other cancers, HIV/AIDS and other immune system problems, and persons receiving chemotherapy, radiation therapy, or large doses of corticosteroids.
- Unvaccinated people can infect the small percentage of children whose immunizations did not “take.”